

MDR Tracking Number: M5-04-0773-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 11-10-03.

The IRO reviewed neuromuscular re-education, manual traction, myofascial release, and office visits from 11-14-02 through 8-4-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. The disputed dates of service 8-12-02 through 11-7-02 are untimely and ineligible for review per TWCC Rule 133.307 (d)(1) which states that a request for medical dispute resolution shall be considered timely if it is received by the Commission no later than one year after the dates of service in dispute. The Commission received the medical dispute on 11-10-03.

On 1-14-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice. The requestor failed to submit relevant information to support components of the fee dispute in accordance with Rule 133.307(g)(3)(A-F). No reimbursement recommended for the fee component.

This Decision is hereby issued this 8th day of April 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

**NOTICE OF INDEPENDENT REVIEW DETERMINATION
REVISED 1/15/04**

MDR Tracking Number: M5-04-0773-01

January 12, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ___, or by the application of medical screening criteria and protocols formally established by practicing

physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

CLINICAL HISTORY

A 57-year-old male who was laying cinder blocks under the edge of a roof on ___ when, through the course of the morning, developed lower back and leg pain. He initially presented to medical physicians and received prescriptions for pain, and on 6/25/01, received zygapophyseal joint injections at L3-4, L4-5 and L5-S1. On 7/31/01, he was declared MMI with a 6% whole person impairment by his treating doctor. Later, ___ was seen by a designated doctor, who agreed with the 6% whole person impairment, but assigned an MMI date of 10/29/01. The patient then changed treating doctors and began with chiropractic care on 6/18/02.

REQUESTED SERVICE (S)

Neuromuscular reeducation, manual traction therapy, office visits, and myofascial release from dates of service 11/14/02 through 8/4/03.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

The diagnoses submitted, as well as review of the objective findings, did not support the medical necessity of chiropractic care for this protracted time frame. Further, the documentation consistently rested the "rationale" for additional care primarily on the patient's subjective "percent improvement," specifically, on what the patient communicated was his level of pain numerically from one to ten on a per encounter basis. The records state that on the first patient encounter (6/18/02), the patient subjectively reported his complaints at a "10 out of a possible 10." On date of service 11/18/02 – after the designated doctor had already determined that ___ was MMI – the records state he reported himself as a "6 out of a possible 10" with physician objective findings as: "Taut/tender fibers noted in the lumbo-pelvic region; dyskinesia noted in the lumbo-pelvic region; limited range of motion observed in the lumbo-pelvic region." The daily notes of 10/30/03 – the last notes submitted for review – stated the patient reported himself as a "5 out of a possible 10" with physician objective findings as: "Taut/tender fibers noted in the lumbo-pelvic region; muscle spasm noted in the lumbo-pelvic region; fixation noted in the lumbo-pelvic region."

These comparative findings show little or no improvement over the course of 16 months of care and as such, serve to validate both the treating doctor's opinion as well as the designated doctor's opinion that the patient was MMI in 2001. Moreover, the comparative findings illustrate that the additional treatment rendered little to no benefit and are therefore deemed medically unnecessary.